

OCT 17 2005

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FROM: Gregory P. Einhorn, Reg. No. 38,440

Date: October 17, 2005

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<b>Comments:</b>		<b>RECEIVED OICE/AP OCT 18 2005</b>
Attorney Docket:	564462000520	
Confirmation No.:	8097	
Group Art Unit:	1634	
Examiner:	J. Sitton	
Serial No.:	09/888,224	
Filing Date:	June 22, 2001	
Inventor(s):	Jay M. SHORT et al.	
Title:	ENDOGLUCANASES, NUCLEIC ACIDS ENCODING THEM AND METHODS FOR MAKING AND USING THEM (AMENDED)	
<b>Papers attached:</b>		
1. Transmittal (1 page)		
2. Fee Transmittal (1 page + duplicate)		
3. Petition for 2 Month Extension of Time (1 page)		
4. Notice of Appeal (1 page)		

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SD-285000

OCT 17 2005

PTO/SB/21 (09-04)

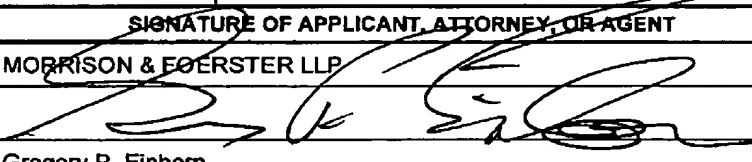
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/888,224
		Filing Date	June 22, 2001
		First Named Inventor	Jay M. SHORT
		Art Unit	1634
		Examiner Name	J. Sitton
Total Number of Pages in This Submission	6	Attorney Docket Number	564462000520

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet (1 page)
Remarks Customer No. 45975		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Gregory P. Einhorn		
Date	October 17, 2005	Reg. No.	38,440

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PTO/SB/17 (12-04v2)

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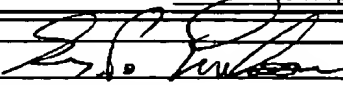
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/888,224
		Filing Date	June 22, 2001
		First Named Inventor	Jay M. SHORT
		Examiner Name	J. Sitton
		Art Unit	1634
TOTAL AMOUNT OF PAYMENT		(\$)	475.00
		Attorney Docket No.	564462000520

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																			
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>														
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>													
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>												
Utility	300	150	500	250	200	100													
Design	200	100	100	50	130	65													
Plant	200	100	300	150	160	80													
Reissue	300	150	500	250	600	300													
Provisional	200	100	0	0	0	0													
<b>2. EXCESS CLAIM FEES</b>																			
							<b>Small Entity</b>												
<b>Fee Description</b>							<b>Fee (\$)</b>												
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
							180												
<table style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	<table style="width: 100%;"> <tr> <td><u>Multiple Dependent Claims</u></td> </tr> <tr> <td><u>Fee (\$)</u></td> </tr> <tr> <td><u>Fee Paid (\$)</u></td> </tr> </table>		<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<table style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																
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<b>3. APPLICATION SIZE FEE</b>																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table style="width: 100%;"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	_____		
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
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<u>- 100 =</u>	<u>/50</u>	<u>(round up to a whole number) x</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
_____	_____	_____	_____	_____															
<b>4. OTHER FEE(S)</b>																			
Non-English Specification, \$130 fee (no small entity discount)							225.00												
Other (e.g., late filing surcharge): 2252 Extension for response within second month							250.00												
2401 Notice of appeal							250.00												
<b>SUBMITTED BY</b>																			
Signature			Registration No. (Attorney/Agent)	38,440	Telephone	(858) 720-5133													
Name (Print/Type)	Gregory P. Einhorn		Date	October 17, 2005															

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For Fee Processing

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